

Isolation No: *Form Number / PTW Number.*

A list of authorized Auckland Airport Permit Issuers is available from the person named in 2 below.

Auckland Airport requires AT LEAST 24 HOURS notice prior to commencing work. Please refer to process chart attached.

1. REQUEST for APPROVAL *(PICWS to complete this section)*

Name: Company:

Ph: Mob: Email:

Location:

Valve numbers: Hydrant number:

Purpose of shutdown:

Isolate from: Day: Date: Time:

Is a Contingency Plan required? *(Y or N)* Outage Plan attached?

Tentative reinstatement date & time:

Domestic Supply Only? *(Y or N)*

Sprinkler System Affected?

Buildings Affected?

This Certificate is not valid unless signed by an Auckland Airport Permit Issuer.
I agree to confirm shutdown times on the day to AA Permit Issuer & ICR, AND to advise AA Permit Issuer & ICR of reinstatement via phone & Pt 3 of this form.

2. APPROVAL

Trial Shutdown: *(internal use only)* Day: Date: Time:

AIAL Three Waters Reliability Engineer *(name & signature)*

Main Shutdown: Day: Date: Time:

AIAL Three Waters Reliability Engineer *(name & signature)*

Area Authority *(name & signature)*

APPROVED / DECLINED *(circle one and cross other out)*

- Notifications
- a. Airport Emergency Services at aes_crew_chief@aucklandairport.co.nz
 - b. Incident Control Room at icr@aucklandairport.co.nz
 - c. Insurers (for ANY shutdowns) at fireimpairment.aus@chubb.com
 - d. Assetcare Plumbing Team Lead (for ANY shutdowns) at plumbersgroup@aucklandairport.co.nz

3. NOTICE of REINSTATEMENT *(Area Authority to complete this section)*

I reinstated the system (see details in 1 above) at hrs on: *(date)*

I notified the Three Waters Reliability Engineer of reinstatement at: hrs on that date.

Signed by Area Authority: _____ Date: _____

Signed by Three Waters Reliability Engineer: _____ Date: _____

Auckland Airport shall retain completed Water Shutdown Forms for a period of one year from the date in Section 3 above.

